Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

A. BUILDING

NVS1976NSP B. WING ______ 09/14/2009

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RELIABLE HEALTH CARE SVCS OF S		8871 FLAMINGO ROAD, #101 LAS VEGAS, NV 89147				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE		
P 000	INITIAL COMMENTS	P 000				
	Surveyor: 28383 This Statement of Deficiencies was generated a result of a State Licensure focused survey conducted in your facility on 09/14/09, in accordance with Nevada Administrative Cod Chapter 449, Nursing Pools.	,				
	The findings and conclusions of any investigations by the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable feder state or local laws.	as ,				
	Six employee records were reviewed. The following regulatory deficiencies were identified:					
P 049	449.7474 DUTIES OF LICENSEE OR APPLICANT	P 049				
	2. A licensee or applicant for a license is responsible for: (b) Periodic administrative and professional evaluations of the nursing pool. The licensee or applicant shall receive, review and take action on recommendations made by the evaluating groups and maintain a record of that action. This Regulation is not met as evidenced by: Surveyor: 28383 Based on employee record review and staff interview, the facility failed to provide docume evidence that periodic administrative and professional evaluations were done of the employees of the nursing pool and action takes.	ented				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMB			LE CONSTRUCTION	(X3) DATE SU COMPLE	
				A. BUILDING B. WING	·		
NAME OF DE		NVS1976NSP	STREET ADDE	RESS CITY STA	TE ZIP CODE	09/1	14/2009
			STREET ADDRESS, CITY, STATE, ZIP CODE 8871 FLAMINGO ROAD, #101 LAS VEGAS, NV 89147				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
P 049	Continued From page	e 1 ence that record of thos	e	P 049			
	actions were maintair						
	Scope - 1 Severity						
P 055	449.7475 ADMINISTI QUALIFICATIONS/D			P 055			
	Surveyor: 28383 Based on record reviet failed to provide document administrator would return the nursing pool. There was no document administrator was to be sure to	he licensee in the nursing erson to exercise sence. The nsibilities usee fully ties of the regularly written of met as evidenced by: ew and interview, the fairmentation of how the epresent daily operation	acility n of				
D UES	Scope - 1 Severity 449.7475 ADMINISTI			P 056			
SS=C	QUALIFICATIONS/D	UTIES		1 000			
	2. The administrator pool shall represent the daily operation of pool and appoint a pe	he licensee in the nursing					

PRINTED: 11/24/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS1976NSP 09/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8871 FLAMINGO ROAD, #101 RELIABLE HEALTH CARE SVCS OF S LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE	
P 056	Continued From page 2	P 056			
	his authority in his absence. The administrator's responsibilities include: (b) Employing qualified personnel and arranging for their orientation and continuing education. This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool. There was no documentation of a person in charge in the absence of the administrator. Scope - 1 Severity - 2				
P 057 SS=C	449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the nursing pool. This Regulation is not met as evidenced by: Surveyor: 22048 Based on record review and interview, the facility failed to provide documentation of how the administrator would represent daily operation of the nursing pool.	P 057			

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

NVS1976NSP

(X2) MULTIPLE CONSTRUCTION

A. BUILDING
B. WING

09/14/2009

STREET ADDRESS, CITY, STATE, ZIP CODE

8871 FLAMINGO ROAD, #101

RELIABLE HEALTH CARE SVCS OF S		8871 FLAMINGO ROAD, #101 LAS VEGAS, NV 89147				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE	
P 057	Continued From page 3 There was no documentation of a person in charge in the absence of the administrator. There was no documentation of an accounti and reporting system that reflects the fiscal experience and current financial position of the nursing pool.	ing	P 057			
P 059 SS=C	Scope - 1 Severity - 2 449.7475 ADMINISTRATOR: QUALIFICATIONS/DUTIES 2. The administrator of a nursing pool shall represent the licensee in the daily operation of the nursing pool and appoint a person to exercise his authority in his absence. The administrator's responsibilities include: (e) Holding periodic meetings to maintain a liaison between the licensee and members of the staff of		P 059			
	the nursing pool. This Regulation is not met as evidenced by Surveyor: 22048 Based on record review and interview, the fa failed to provide documentation of how the administrator would represent daily operation the nursing pool. There was no documentation of how the administrator was to keep the licensee fully informed of the activities of the nursing pool. There was no evidence of how periodic mee between the licensee and members of the state the nursing pool were to be arranged.	acility n of .				

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS1976NSP 09/14/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8871 FLAMINGO ROAD, #101 **RELIABLE HEALTH CARE SVCS OF S** LAS VEGAS, NV 89147 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 068 P 068 449,7476 DIRECTOR OF PROFESSIONAL **SERVICES** 2. The director of professional services shall: (g) Evaluate the performance of the nursing staff. This Regulation is not met as evidenced by: Surveyor: 28383 Based on employee record review and staff interview, the facility failed to ensure the nursing staff received an annual evaluations by the director of professional services for 2 of 6 nurses (Employees #5 and #6). Severity - 2 Scope - 1